

# ELIGIBILITY LIST REQUEST



POSITION	Position:	Position Number [required]:	Job Code:
	Dept/Division:		Cost Center:
	Position Type: <input type="checkbox"/> Regular (Budgeted) <input type="checkbox"/> Temporary		
	Position Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Job Share <input type="checkbox"/> Other (attach memo)		
	Preferred List Type: <input type="checkbox"/> Existing List <input type="checkbox"/> Promotional Recruitment <input type="checkbox"/> Open Recruitment		
	Contact person in your department:		Extension:
REASON	Reason for Vacancy: <input type="checkbox"/> Retirement <input type="checkbox"/> Transfer <input type="checkbox"/> Demotion <input type="checkbox"/> New Position <input type="checkbox"/> Resignation <input type="checkbox"/> Promotion <input type="checkbox"/> Termination <input type="checkbox"/> Leave of Absence		
	Expected Date of Vacancy: _____		
	Name of Incumbent vacating position: _____		
JOB DESCRIPTION	Are the duties listed on the job description accurate? <input type="checkbox"/> Yes <input type="checkbox"/> No Are the minimum training and experience requirements appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No (If NO to either or both, attach modified job description.)		
REQUIREMENTS	Commercial Driver's License Required? <input type="checkbox"/> YES <input type="checkbox"/> NO ..... <input type="checkbox"/> At application <input type="checkbox"/> Within ____ days of hire		
	Polygraph Required? <input type="checkbox"/> YES <input type="checkbox"/> NO Physical Required? <input type="checkbox"/> YES <input type="checkbox"/> NO Other requirements: _____		
HOURS	Days of work week: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat Hours: _____ <input type="checkbox"/> am to _____ <input type="checkbox"/> am <input type="checkbox"/> pm Shift work required? <input type="checkbox"/> Yes <input type="checkbox"/> No Total hours worked per week: _____ Flex schedule: <input type="checkbox"/> 4/10 <input type="checkbox"/> 9/80		
APPROVALS	Supervisor _____ Date _____ Division Head _____ Date _____ Department Head _____ Date _____ Budget Approval _____ Date _____		
HR ONLY	Human Resources _____ Date Received: _____ Current List Available? <input type="checkbox"/> Yes <input type="checkbox"/> No Exp Date: _____ Sent to Department: _____ Analyst: _____ Recruitment Code: _____		